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TO: Commissioner of Patents, Mail Stop RCE, Examiner Melanie Jo Hand –  
United States Patent and Trademark Office

Fax No. 571-273-8300 Phone No. 571-272-6464

FROM: Bridget Brinkman (Typed or printed name of person signing Certificate)

Fax No. 513-634-3848 Phone No. 513-634-3400

Application No.: 10/720,557

Inventor(s): John Lee Hammons et al.

Filed: November 24, 2003

Docket No.: 9130M

Confirmation No.: 4853

**FACSIMILE TRANSMITTAL SHEET AND**  
**CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8**

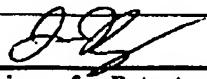
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Bridget Brinkman (Signature)

Listed below are the item(s) being submitted with this Certificate of Transmission:\*\*

- 1) RCE Transmittal (1 page)
- 2) Fee Transmittal (1 page)
- 3) Amendment (11 pages)

Number of Pages Including this Page: 14

<b>FEE TRANSMITTAL</b> <b>for FY 2008</b> Patent fees are subject to annual revision. Effective September 30, 2007		<b>Complete if Known</b>																																											
		Application Number	10/720,557	<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <i>DEC 19 2007</i>																																									
		Confirmation Number	4853																																										
		Filing Date	11/24/2003																																										
		First Named Inventor	Hammons																																										
		Examiner Name	Melanie Jo Hand																																										
		Art Unit	3761																																										
<b>TOTAL AMOUNT OF PAYMENT (\$300)</b>		Docket No.	9130M																																										
<b>METHOD OF PAYMENT</b> 1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to: Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company				<b>FEE CALCULATION (continued)</b> 5. <b>ADDITIONAL FEES</b> <table border="0"> <thead> <tr> <th style="text-align: left;"><u>Fee Description</u></th> <th style="text-align: right;"><u>Fee Paid</u></th> </tr> </thead> <tbody> <tr> <td>Extension for reply within 1<sup>st</sup> month</td> <td style="text-align: right;">(\$120) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 2<sup>nd</sup> month</td> <td style="text-align: right;">(\$460) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 3<sup>rd</sup> month</td> <td style="text-align: right;">(\$1,050) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4<sup>th</sup> month</td> <td style="text-align: right;">(\$1,640) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5<sup>th</sup> month</td> <td style="text-align: right;">(\$2,230) <input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td style="text-align: right;">(\$180) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)</td> <td style="text-align: right;">(\$130) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet</td> <td style="text-align: right;">(\$50) <input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td style="text-align: right;">(\$130) <input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td style="text-align: right;">(\$510) <input type="checkbox"/></td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td style="text-align: right;">(\$510) <input type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td style="text-align: right;">(\$1,030) <input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td style="text-align: right;">(\$1,410) <input type="checkbox"/></td> </tr> <tr> <td>Other:</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </tbody> </table>			<u>Fee Description</u>	<u>Fee Paid</u>	Extension for reply within 1 <sup>st</sup> month	(\$120) <input type="checkbox"/>	Extension for reply within 2 <sup>nd</sup> month	(\$460) <input type="checkbox"/>	Extension for reply within 3 <sup>rd</sup> month	(\$1,050) <input type="checkbox"/>	Extension for reply within 4 <sup>th</sup> month	(\$1,640) <input type="checkbox"/>	Extension for reply within 5 <sup>th</sup> month	(\$2,230) <input type="checkbox"/>	Information Disclosure Statement fee	(\$180) <input type="checkbox"/>	37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)	(\$130) <input type="checkbox"/>	37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet	(\$50) <input type="checkbox"/>	Non-English specification	(\$130) <input type="checkbox"/>	Notice of Appeal	(\$510) <input type="checkbox"/>	Filing a brief in support of an appeal	(\$510) <input type="checkbox"/>	Request for oral hearing	(\$1,030) <input type="checkbox"/>	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,410) <input type="checkbox"/>	Other:	<input type="checkbox"/>									
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<b>FEE CALCULATION</b> 2. <b>BASIC FILING FEE - Large Entity</b> <table border="0"> <thead> <tr> <th style="text-align: left;"><u>FILING</u></th> <th style="text-align: left;"><u>SEARCH</u></th> <th style="text-align: left;"><u>EXAMINATION</u></th> </tr> <tr> <th style="text-align: left;"><u>Fee</u></th> <th style="text-align: left;"><u>Fee</u></th> <th style="text-align: left;"><u>Fee</u></th> </tr> </thead> <tbody> <tr> <td><u>Application</u></td> <td></td> <td></td> </tr> <tr> <td><u>Type</u></td> <td></td> <td style="text-align: right;"><u>Fee Paid</u></td> </tr> <tr> <td>Nonprovisional (\$310)</td> <td>(\$510)</td> <td>(\$210)</td> </tr> <tr> <td>Utility</td> <td></td> <td style="text-align: right;">(Total = \$1030) <input type="checkbox"/></td> </tr> <tr> <td>Design</td> <td>(\$210)</td> <td>(\$100)</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">(\$130) <input type="checkbox"/></td> </tr> <tr> <td>Reissue</td> <td>(\$310)</td> <td>(\$510)</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">(\$620) <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">(Total = \$1440) <input type="checkbox"/></td> </tr> <tr> <td>Provisional Utility filing fee</td> <td></td> <td style="text-align: right;">(\$210) <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">(Total = \$210) <input type="checkbox"/></td> </tr> </tbody> </table> 3. <b>APPLICATION SIZE FEE:</b> Sheets of Spec and Drawings <input type="checkbox"/> (\$260 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) (\$310) <input type="checkbox"/>				<u>FILING</u>	<u>SEARCH</u>	<u>EXAMINATION</u>	<u>Fee</u>	<u>Fee</u>	<u>Fee</u>	<u>Application</u>			<u>Type</u>		<u>Fee Paid</u>	Nonprovisional (\$310)	(\$510)	(\$210)	Utility		(Total = \$1030) <input type="checkbox"/>	Design	(\$210)	(\$100)			(\$130) <input type="checkbox"/>	Reissue	(\$310)	(\$510)			(\$620) <input type="checkbox"/>			(Total = \$1440) <input type="checkbox"/>	Provisional Utility filing fee		(\$210) <input type="checkbox"/>			(Total = \$210) <input type="checkbox"/>			
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4. <b>EXTRA CLAIM FEES FOR UTILITY AND REISSUE:</b> <table border="0"> <thead> <tr> <th style="text-align: left;"><u>Extra</u></th> <th style="text-align: left;"><u>Fee from</u></th> <th style="text-align: left;"><u>Fee</u></th> </tr> <tr> <th style="text-align: left;"><u>Claims</u></th> <th style="text-align: left;"><u>Below</u></th> <th style="text-align: left;"><u>Paid</u></th> </tr> </thead> <tbody> <tr> <td>Total Claims [26] - 20** = [6] x</td> <td style="text-align: right;">[\$50]</td> <td style="text-align: right;">= [\$300]</td> </tr> <tr> <td>Independent Claims [ ] - 3** = [ ] x</td> <td style="text-align: right;">[ ]</td> <td style="text-align: right;">= [ ]</td> </tr> <tr> <td>Multiple Dependent claims:</td> <td style="text-align: right;">[ ]</td> <td style="text-align: right;">= [ ]</td> </tr> </tbody> </table> ** or number previously paid, if greater; For Reissues, see below <b>Fee Description</b> Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$210 per claim) Multiple dependent claim, if not paid (\$370) **Reissue: each independent claim over 3 and more than in the original patent (\$210 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim) SUBTOTAL (4) (\$300)				<u>Extra</u>	<u>Fee from</u>	<u>Fee</u>	<u>Claims</u>	<u>Below</u>	<u>Paid</u>	Total Claims [26] - 20** = [6] x	[\$50]	= [\$300]	Independent Claims [ ] - 3** = [ ] x	[ ]	= [ ]	Multiple Dependent claims:	[ ]	= [ ]	SUBTOTAL (5) (\$310) <input type="checkbox"/> Complete (if applicable)																										
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<b>SUBMITTED BY</b> Name (Print/Type) <input type="checkbox"/> Jason J. Camp <input type="checkbox"/> Signature 		Registration No. (Attorney/Agent)	44,582	Telephone	(513) 634-2673																																								
				Date	12/19/07																																								

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 Rev. 12/07